

Wisconsin Department of Corrections

Office of Victim Services and Programs

Victim's Rights Complaint Procedure

Under Wisconsin State Statutes, as a victim of crime, you have certain rights. The Office of Victim Services and Programs is committed to ensuring that your rights are provided and to meeting the needs of you, your family and the community through a variety of available services. These rights and services help to ensure that you are provided with information, practical and emotional support and are able to participate fully in the criminal justice system. They were created to make sure that you are treated with dignity and respect at all times, regardless of your gender, age, marital status, race, ethnic origin, sexual orientation, disability or religion.

If, at any time, you believe your rights were not provided according to the previously noted standards, you may file a complaint by completing this form and emailing it or mailing it to the Office of Victim Services and Programs. The Director will review your complaint and a staff member will contact you.

All complaints will be taken seriously and thoroughly reviewed. You will receive notice when the complaint has been resolved.

If you believe you have been treated differently because of race, color, national origin, religion, sexual orientation, disability or age, you may file a discrimination complaint with the following agencies:

Wisconsin Department of Justice Office of Crime Victim Services P.O. Box 7951 Madison, WI 53707-7951 U.S. Department of Justice
Office for Civil Rights, Office of Justice Programs
810 7th Street, NW
Washington, DC 20531



Wisconsin Department of Corrections Office of Victim Services and Programs Victim's Rights Complaint Form

| VICTIM INFORMATION | | |
|--|--------|-----------|
| Name: | | |
| Current address: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| OFFENDER INFORMATION | | |
| Name: | | |
| Date Crime Occurred: | | County: |
| Court Case Number (if known): | | |
| INFORMATION ABOUT YOUR COMPLAINT | | |
| What area/division of our agency do you have a complaint about: | | |
| STATEMENT OF COMPLAINT (Please provide as much detailed information about your complaint as possible and use additional paper if necessary): | | |
| I CERTIFY THAT THE INFORMATION SET FORTH HEREIN IS TRUE AND ACCURATE. | | |
| Signature of Complainant: | | Date: |

Please send this completed form via e-mail to DOCOVSPAdmin@wisconsin.gov. If you prefer to mail the form or other documents to us, please use the following address:

WIDOC Office of Victim Services and Programs | 3099 East Washington Avenue | Madison, WI 53707